

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, LAW DIVISION

IRMA PITA,

Plaintiff,

vs.

TARGET CORPORATION,

Defendant

2007 DEC 26 PM 6:27

CIRCUIT COURT OF COOK
COUNTY, ILLINOIS
LAW DIVISION

CLERK
DOROTHY BROWN

No 07 L 7223

NOTICE OF MOTION

TO: Mark McAndrew
Hennessy & Roach, P.C.
140 S. Dearborn St.
Chicago, IL 60603

Please take notice that on the 26th day of December 2007, there was filed with the Clerk of the Circuit Court of Cook County, **PLAINTIFF'S ANSWERS TO INTERROGATORIES**

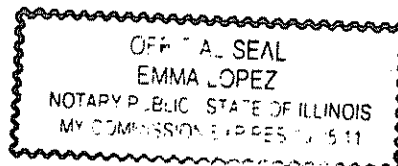
STATE OF ILLINOIS)
) SS.
COUNTY OF C O O K)

The undersigned, being first duly sworn on oath, deposes and says that (s)he served the foregoing Notice and documents attached hereto by placing the same in an envelope addressed as indicated in the mailbox located at 30 North LaSalle Street, Chicago, Illinois, on the 26th day of December 2007.

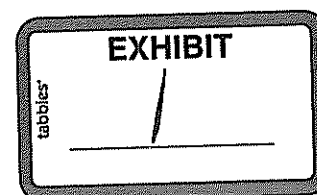
Eliza H. Aquino

SUBSCRIBED AND SWORN TO
before me this 26th day of
December 2007.

Emma Lopez
NOTARY PUBLIC



BRIAN J. MCMANUS & ASSOCIATES, LTD.
30 N. LaSalle, Ste. 2126
Chicago, IL 60602
(312) 346-8210
#21608



IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT 29 LAW DIVISION 3

IRMA PITA,

Plaintiff,

v.

TARGET CORPORATION.

Defendant.

20 PM 5:2
CIRCUIT COURT OF COOK
COUNTY, ILLINOIS
LAW DIVISION

~~DOROTHY BROWN~~ CLEAR
NO. 10711/22

PLAINTIFF'S ANSWERS TO INTERROGATORIES

1. State the full name, date of birth, address and social security number of the person answering these interrogatories. How long have you lived at said address? State whether you reside alone and if not state the names of all persons with whom you reside.

ANSWER: Irma Pita
D.O.B. - 5/5/65
SS# -- 330-92-0635
2250 S. 17 Ave, Apt 1E
North Riverside, IL 60546

I have lived at that address since approximately 2002. I reside there with my daughters Irma Ruby Gonzalez, Adriana Gonzalez and Yahaira Gonzalez.

2. State the full name, address and telephone number of each person who witnessed or claims to have witnessed the occurrence alleged in the complaint.

ANSWER: Plaintiff believes a store customer may have witnessed the accident. The customer's identity is unknown.

3. State the full name, address and telephone number of each person not named (in 2) above who was present or claims to have been present at the scene immediately before, at the time of, or immediately after said occurrence.

ANSWER: After plaintiffs fall, while plaintiff was still on the ground, an unidentified female employee, believed to be an African-American, came to the scene of the occurrence. In addition, a Hispanic employee of the store also came to the scene of the occurrence. No further information is available about these witnesses.

4. Describe, in general, the personal injuries sustained by you as a result of said occurrence. Describe how the alleged accident occurred.

ANSWER: As a result of this accident plaintiff injured her cervical spine and lumbar spine and both were operated on and fused by Dr. Sean Salehi. In addition, plaintiff injured her right shoulder and the same was operated upon by Dr. Erling Ho. Plaintiff was injured when she slipped and fell in a large puddle of a liquid substance near the cosmetic/shampoo sections of the store.

5. State the name, address, amount of any bills and dates of services for any and all health care providers and all attending, consulting and all examining physicians and all laboratories taking x-rays or conducting other diagnostic tests in relation to said injuries; and from which of them do you have written reports?

ANSWER: See attached Medical Expense list. In addition, plaintiff treated with Dr. Allen M. Brecher, 3231 S. Euclid, Suite 409, Berwyn, IL 60402 and MacNeal Hospital. Plaintiff reserves the right to supplement as bills and records become available.

6. As the result of said personal injuries, were you a patient or out-patient in any hospital or clinic? If so, state the name and address of each such hospital or clinic, the amounts of their respective bills and the date or inclusive dates of said services.

ANSWER: Answers #4 and 5 above.

7. As a result of said personal injuries, were you unable to work? If so, state (a) the name and address of your employer, if any, at said time (b) the date or inclusive dates on which you were unable to work, (c) the amount of wage or income loss claimed by you, and (d) the name and address of your present employer, if any.

ANSWER: Yes. At the time of the accident plaintiff worked at FGS Financial, located 2910 S. 18th in Broadview. Plaintiff has been restricted from working since the accident. FGS terminated plaintiff in January of 2007. At that time she earned \$400.00 a week. Plaintiff is claiming a wage loss of \$400.00 a week from the day after the accident until the present.

8. State any and all other expenses or loss you claim as the result of said occurrence.

ANSWER: Miscellaneous travel expenses estimated at \$500.00, traveling to and from medical providers.

9. During the ten years immediately prior to the date of said occurrence, had you been confined in a hospital, treated by a physician or x-rayed for any reason? If so, give the name and address of each such hospital, physician, technician or clinic, the approximate date of such confinement or service, and state, in general, the reason for such confinement or service.

ANSWER: Yes. Since the mid-1990's plaintiff has seen Dr. Ricardo Arzc, at Arzc Doctors Center, 6925 W. Cermak Rd, Berwyn, IL 60402 for common ailments. Dr. Arzc is plaintiff's family physician.

10. Had you suffered any personal injury or had any problems with your health prior to the date of said occurrence? State the name and address of all health care providers who rendered care and treatment to you in the past 15 years.

ANSWER: No.

11. State the names, last known addresses and telephone number of your physicians for the last 15 years.

ANSWER: See #9 above.

12. Have you suffered either (a) any personal injury or (b) illness, since the date of said occurrence? If so, for (a) state when, where and, in general, how you were injured and describe, in general, the injuries suffered; and for (b) state when you were ill and describe in general the illness.

ANSWER: (a – c) No.

13. Were any photographs taken of the scene of the occurrence or of the person involved? if so, state the date or dates on which such photographs were taken, the number of photographs taken, the subjects thereof and who now has custody of them.

ANSWER: Plaintiff is unaware of any photographs being taken.

14. Do you have any statements from any witness other than yourself? If so, give the name and address of each such witness, the date of said statement and state whether such statement was written or oral.

ANSWER: None known.

15. List the names and addresses of all other persons, other than yourself and persons heretofore listed or specifically excluded, who have knowledge of the facts of said occurrence or of the injuries and damages following therefrom.

ANSWER: Plaintiff's medical providers previously listed herein. Baldomero Gonzalez, plaintiff's son and Irma Gonzalez both have knowledge of plaintiff's injuries and will be called as damage witnesses.

16. With respect to your allegation that the defendants were negligent in maintaining the premises where the alleged injury occurred, describe the condition or defect you contend your injuries resulted from, and state the location of said condition or defect present at the accident scene.

ANSWER: See Interrogatory #4.

17. Was an inspection made of the accident scene by you or by anyone on your behalf subsequent to the accident? If so, for each inspection, state the date it was made; the name, address and occupation of the person who made it; and the substance of any oral report made; and/or if a written report was made state the name and address of the person who has custody or control of it.

ANSWER: No.

18. State the name, address, and telephone number of your most recent employer, the name of your immediate supervisor at that employment and the dates of said employment commenced and terminated if applicable.

ANSWER: See answer #7.

19. State the name, address, telephone number and dates of employment for each of your employers since 1990 to the present.

ANSWER: Plaintiff worked at FSG Financial since approximately 1996.

20. If your medical bills have been paid in full or in part, state the name, address and telephone number of each individual or other legal entity who paid or contributed to the payment of said bills.

ANSWER: Objection. This information is irrelevant pursuant to the collateral source rule. Without waiving the objection Blue Cross and Blue Shield of Illinois has been paying plaintiff's medical bills, 2339 S. MacArthur Blvd., Springfield, IL 62704.

21. If you have ever been a party litigant to any other lawsuit, state the year, the title and docket number, whether you were a plaintiff or defendant, the identity of the court in which said suit was filed, and the nature of each such lawsuit.

ANSWER: No.

22. If you have ever made a claim for workers' compensation under the laws of the State of Illinois or any other state, state the state where the claim was filed; the name and address of your employer at the time of the alleged injury; the title and case number of such claim; and the disposition of each such claim.

ANSWER: No.

23. State whether you have an Illinois Drivers License. If so, please state the number of your license and when your license was most recently renewed. Do you have a vehicle registered in the State of Illinois? State the registration number and license plate number.

ANSWER: Yes. ILP300-4006-5729. Issued 5-5-08.

24. Had you taken any drugs or alcohol in the 24 hour period prior to the alleged accident? If so, please state the name of the substance, what amount was consumed and when. State the name and address of all pharmacies used by or for you in the past 5 years for filing prescriptions.

ANSWER: No.

25. State the amount of damages which will be sought herein.

ANSWER: In excess of \$50,000.00. Plaintiff will supplement this response when medical care is concluded and plaintiff can return to gainful employment.

26. State the full name, address, telephone number, and occupation or profession of each opinion witness who will offer any opinion testimony at the trial of this cause. For each such opinion witness state:

- a. The subject matter on which each such opinion witness is expected to testify.
- b. The opinion witness' conclusion(s) or opinion(s) with respect to each and every subject on which the opinion witness is expected to testify.
- c. The basis or bases for each and every conclusion or opinion on which the opinion witness is expected to testify.
- d. The opinion witness' qualifications, including but not limited to his educational background, practical experience in the area he is expected to testify in, any articles or papers he has written, any and all seminars or postgraduate training the opinion witness has received, the opinion witness, experience, if any, as a teacher or lecturer and his professional appointments and associations. (In lieu of answering No. 28(d), a complete curriculum vitae of the opinion witness may be attached to the answer to interrogatories).

ANSWER: (a-e) Plaintiff has not selected any opinion witnesses to date. Plaintiff reserves the right o name 213f(3)witnesses seasonably.

27. State the name, last known address and telephone number of each witness who will testify at trial on your behalf. For each witness identified herein, state the subject matter of their testimony.

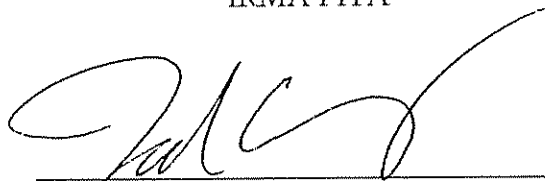
ANSWER: See answer #15. Plaintiff will name additional witnesses as discoveryproceeds

Verification Under Certification

Under penalties as provided by law pursuant to Section 1-109 of the Illinois Code of Civil Procedure, the undersigned certifies that the statement set forth in this instrument are true and correct.

Dated: 12/27/07

By: Irma Pita
IRMA PITA



BRIAN J. MCMANUS & ASSOCIATES, LTD.
Attorneys for Plaintiff

BRIAN J. MCMANUS & ASSOCIATES, LTD.
30 North LaSalle Street, Suite 2126
Chicago, Illinois 60602
(312) 346-8210

IRMA PITA V. TARGET CORPORATION
P.I. - D/A: 6-21-06
MEDICAL EXPENSES AS OF August 28, 2007

<u>I.</u>	<u>MEDICAL EXPENSES</u>	<u>TOTAL</u>
1.	Neurological Surgery and Spine Surgery 4562 Paysphere Circle Chicago, IL 60674 708-343-3566 For services on/between 08-10-06 thru 08-03-07	 \$113,687.00
2.	Loyola University Medical Center 2160 South First Avenue Maywood, IL 60153 1-800-424-4840 For services on 06-21-06	 \$ 1,193.89
3.	Orthopaedic Associates of Riverside	\$ 10,487.00
4.	Neurologic Care Associates, P.C. P. O. Box 36174 Chicago, IL 60694-6174	 \$ 2,526.00
5.	Berwyn Magnetic Resonance Center 3345 South Oak Park Avenue Berwyn, IL 60402 For services on/between 07-25-06 thru 03-28-07	 \$ 2,400.00
	TOTAL MEDICAL EXPENSES	\$130,293.89 =====

Pay to:

Neurological Surgery and Spine Surgery
 4562 Paysphere Circle
 Chicago, IL 60674
 (708) 343-3566

Patient Receipt

Monday, August 13, 2007

Amount Due	Amount Paid
\$80.00	\$80.00

Ms Irma Pita
 2250 S 17th Ave
 North Riverside, IL 60546

Employer ID 412035121
 Provider ID

Date	Description	Charge #	Fee	Units	Insurance	Patient
	Ms Irma Pita(7938)/Sean A Salehi MD/018531					
	Degeneration of lumbar or lumbosacral intervertebral disc (722.52)					
	Cervical spondylosis without myelopathy (721.0)					
08/10/2006	Office visit, consultation/ low complexity (99243)		\$338.00	1.0	\$316.00	\$20.00
08/10/2006	Payment from Pita, Irma				\$0.00	(\$20.00)
08/14/2006	Payment from Pita, Irma				\$0.00	\$0.00
08/31/2006	MHP W/OFF Adjustment from Chicago Health Systems	391229			(\$187.14)	\$0.00
08/31/2006	Payment from Chicago Health Systems	391229			(\$128.86)	\$0.00
	Balance:				\$0.00	\$0.00
	Ms Irma Pita(7938)/Sean A Salehi MD/019804					
	Cervical spondylosis without myelopathy (721.0)					
	Degeneration of lumbar or lumbosacral intervertebral disc (722.52)					
09/12/2006	Established patient, office visit / moderate complexity (99214)		\$224.00	1.0	\$204.00	\$20.00
10/18/2006	MHP W/OFF Adjustment from Chicago Health Systems	392363			(\$124.76)	\$0.00
10/18/2006	Payment from Chicago Health Systems	392363			(\$79.24)	\$0.00
10/31/2006	Payment from Baldomero Gonzalez	552			\$0.00	(\$20.00)
	Balance:				\$0.00	\$0.00
	Ms Irma Pita(7938)/Sean A Salehi MD/021105					
	Cervical spondylosis without myelopathy (721.0)					
10/11/2006	Discectomy anterior with decompress; cervical, single (63075)		\$9,525.00	1.0	\$9,525.00	\$0.00
10/11/2006	Anterior interbody technique;cervical (22554)		\$10,200.00	1.0	\$10,200.00	\$0.00
10/11/2006	Anterior Instrumentation 2 to 3 (22845)		\$8,690.00	1.0	\$8,690.00	\$0.00
10/11/2006	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraapinous diagnostic or therapeutic injection procedures (epidural, transforaminal epidural, subarachnoid, paravertebral (76005 26)		\$320.00	1.0	\$320.00	\$0.00
10/11/2006	Operating microscope (69990)		\$2,145.00	1.0	\$2,145.00	\$0.00
10/11/2006	Allograft for spine surgery only, structural (20931)		\$1,090.00	1.0	\$1,090.00	\$0.00
11/27/2006	MHP W/OFF Adjustment from Chicago Health Systems	394705			(\$28,222.43)	\$0.00
11/27/2006	Payment from Chicago Health Systems	394705			(\$3,747.57)	\$0.00
	Balance:				\$0.00	\$0.00
	Ms Irma Pita(7938)/Mary F Dykstra PA-C/021106					
	Cervical spondylosis without myelopathy (721.0)					
10/11/2006	Discectomy anterior with decompress; cervical, single (63075 AS)		\$1,422.00	1.0	\$1,422.00	\$0.00
10/11/2006	Anterior interbody technique;cervical (22554 AS)		\$2,021.00	1.0	\$2,021.00	\$0.00
10/11/2006	Anterior Instrumentation 2 to 3 (22845 AS)		\$1,826.00	1.0	\$1,826.00	\$0.00
10/11/2006	Operating microscope (69990 AS)		\$168.00	1.0	\$168.00	\$0.00
10/11/2006	Allograft for spine surgery only, structural (20931 AS)		\$165.00	1.0	\$165.00	\$0.00
11/27/2006	MHP W/OFF Adjustment from Chicago Health Systems	394705			(\$5,107.62)	\$0.00
11/27/2006	Payment from Chicago Health Systems	394705			(\$494.38)	\$0.00
	Balance:				\$0.00	\$0.00
	Ms Irma Pita(7938)/Sean A Salehi MD/021905					

38,090.00

Deposit	0-30	31-60	61-90	91-120	Over 120	Total Balance	Ins. Balance
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,590.00	\$5,590.00

10/31/2006	Cervical spondylosis without myelopathy (721.0) Degeneration of lumbar or lumbosacral intervertebral disc (722.52) Postoperative follow-up visit, included in global service (99024)		\$0.00	1.0	\$0.00	\$0.00
		Balance:			\$0.00	\$0.00
12/07/2006	Ms Irma Pita(7938)/Sean A Salehi MD/023240 Cervical spondylosis without myelopathy (721.0) Postoperative follow-up visit, included in global service (99024)		\$0.00	1.0	\$0.00	\$0.00
		Balance:			\$0.00	\$0.00
01/11/2007	Ms Irma Pita(7938)/Sean A Salehi MD/024451 Degeneration of lumbar or lumbosacral intervertebral disc (722.52) Postoperative follow-up visit, included in global service (99024)		\$0.00	1.0	\$0.00	\$0.00
		Balance:			\$0.00	\$0.00
02/01/2007	Ms Irma Pita(7938)/Sean A Salehi MD/025025 Degeneration of lumbar or lumbosacral intervertebral disc (722.52)					
02/01/2007	Established patient, office visit / moderate complexity (99214)		\$224.00	1.0	\$204.00	\$20.00
02/08/2007	Payment from Pita, Irma				\$0.00	(\$20.00)
02/28/2007	Payment from Pita, Irma				\$0.00	\$0.00
02/28/2007	MHP W/OFF Adjustment from Chicago Health Systems		399188		(\$124.78)	\$0.00
02/28/2007	Payment from Chicago Health Systems		399188		(\$79.24)	\$0.00
		Balance:			\$0.00	\$0.00
03/29/2007	Ms Irma Pita(7938)/Sean A Salehi MD/027236 Degeneration of lumbar or lumbosacral intervertebral disc (722.52)					
03/29/2007	Established patient, office visit / moderate complexity (99214)		\$224.00	1.0	\$204.00	\$20.00
03/31/2007	Payment from Pita, Irma				\$0.00	(\$20.00)
05/31/2007	Payment from Pita, Irma				\$0.00	\$0.00
05/31/2007	MHP W/OFF Adjustment from Chicago Health Systems		402811		(\$116.11)	\$0.00
05/31/2007	Payment from Chicago Health Systems		402811		(\$87.89)	\$0.00
		Balance:			\$0.00	\$0.00
04/18/2007	Ms Irma Pita(7938)/Sean A Salehi MD/028474 Degeneration of lumbar or lumbosacral intervertebral disc (722.52)					
04/18/2007	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar (22630)		\$12,930.00	1.0	\$12,930.00	\$0.00
04/18/2007	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately (22632)		\$3,810.00	1.0	\$3,810.00	\$0.00
04/18/2007	Laminectomy, Facetectomy Foraminotomy Lumbar (63047 59)		\$11,250.00	1.0	\$11,250.00	\$0.00
04/18/2007	Laminectomy, Facetectomy, Foraminotomy: each addl segment (63048 59)		\$3,780.00	1.0	\$3,780.00	\$0.00
04/18/2007	Posterior instrumentation; segmental fixation (22842)		\$8,800.00	1.0	\$8,800.00	\$0.00
04/18/2007	Application of intervertebral biomechanical device (22851)		\$3,375.00	2.0	\$8,750.00	\$0.00
04/18/2007	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures (77003 26)		\$320.00	1.0	\$320.00	\$0.00
04/18/2007	Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any one method (95937 26)		\$355.00	6.0	\$2,130.00	\$0.00
04/18/2007	Intraoperative neurophysiology testing, per hour (List separately in addition to code for primary procedure) (95920 26)		\$605.00	6.0	\$3,630.00	\$0.00
04/18/2007	Needle electromyography; two extremities with or without related paraspinal areas (95861 TC)		\$127.00	1.0	\$127.00	\$0.00
06/19/2007	MHP W/OFF Adjustment from Chicago Health Systems		403731		(\$42,146.74)	\$0.00
06/19/2007	Payment from Chicago Health Systems		403731		(\$5,173.26)	\$0.00
06/19/2007	MHP W/OFF Adjustment from Chicago Health Systems		403731		(\$5,088.43)	\$0.00
06/19/2007	Payment from Chicago Health Systems		403731		(\$1,138.57)	\$0.00
		Balance:			\$0.00	\$0.00
	Ms Irma Pita(7938)/Mary F Dykstra PA-C/028475 Degeneration of lumbar or lumbosacral intervertebral disc (722.52)					

53,935.00

Days	0-30	31-60	61-90	91-120	Over 120	Total Balance	Ins. Balance	Pat. Balance
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,690.00	\$5,590.00	\$0.00

FROM : NEUROLOGICAL SURGERY FAX NO. : 708-343-5255 Aug. 19 2007 10:44AM P3

04/18/2007	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar (22630 AS)	\$3,233.00	1.0	\$3,233.00	\$0.00
04/18/2007	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately (22632 AS)	\$953.00	1.0	\$953.00	\$0.00
04/18/2007	Laminectomy, Facetectomy, Foraminotomy Lumbar (83047 AS,59)	\$2,813.00	1.0	\$2,813.00	\$0.00
04/18/2007	Laminectomy, Facetectomy, Foraminotomy: each addl segment (83048 AS,59)	\$945.00	1.0	\$945.00	\$0.00
04/18/2007	Posterior instrumentation; segmental fixation (22842 AS)	\$2,200.00	1.0	\$2,200.00	\$0.00
04/18/2007	Application of Intervertebral biomechanical device (22851 AS)	\$844.00	2.0	\$1,688.00	\$0.00
06/19/2007	MHP W/OFF Adjustment from Chicago Health Systems	403731		(\$11,128.47)	\$0.00
06/19/2007	Payment from Chicago Health Systems	403731		(\$703.53)	\$0.00
Balance:				\$0.00	\$0.00
Ms Irma Pita(7938)/Francisco J Espinosa MD/028840					
Degeneration of lumbar or lumbosacral intervertebral disc (722.52)					
05/04/2007	Physical therapy evaluation (97001)	\$190.00	1.0	\$190.00	\$0.00
06/28/2007	MHP W/OFF Adjustment from Chicago Health Systems	404007		(\$105.70)	\$0.00
06/28/2007	Payment from Chicago Health Systems	404007		(\$84.30)	\$0.00
Balance:				\$0.00	\$0.00
Ms Irma Pita(7938)/Sean A Salehi MD/029057					
Degeneration of lumbar or lumbosacral intervertebral disc (722.52)					
05/01/2007	Postoperative follow-up visit, included in global service (99024)	\$0.00	1.0	\$0.00	\$0.00
Balance:				\$0.00	\$0.00
Ms Irma Pita(7938)/Andrew S Zelby MD/029338					
Degeneration of lumbar or lumbosacral intervertebral disc (722.52)					
05/15/2007	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility (97110)	\$80.00	2.0	\$160.00	\$0.00
05/15/2007	Application of a modality to one or more areas; hot or cold packs (97010)	\$38.00	1.0	\$38.00	\$0.00
06/30/2007	MHP W/OFF Adjustment from Chicago Health Systems	404600		(\$109.72)	\$0.00
06/30/2007	Payment from Chicago Health Systems	404600		(\$88.28)	\$0.00
Balance:				\$0.00	\$0.00
Ms Irma Pita(7938)/Sean A Salehi MD/029442					
Degeneration of lumbar or lumbosacral intervertebral disc (722.52)					
05/17/2007	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility (97110)	\$80.00	2.0	\$160.00	\$0.00
05/17/2007	Application of a modality to one or more areas; hot or cold packs (97010)	\$38.00	1.0	\$38.00	\$0.00
06/30/2007	MHP W/OFF Adjustment from Chicago Health Systems	404748		(\$109.72)	\$0.00
06/30/2007	Payment from Chicago Health Systems	404748		(\$88.28)	\$0.00
Balance:				\$0.00	\$0.00
Ms Irma Pita(7938)/Francisco J Espinosa MD/029463					
Degeneration of lumbar or lumbosacral intervertebral disc (722.52)					
05/18/2007	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility (97110)	\$80.00	2.0	\$160.00	\$0.00
05/18/2007	Application of a modality to one or more areas; hot or cold packs (97010)	\$38.00	1.0	\$38.00	\$0.00
06/30/2007	MHP W/OFF Adjustment from Chicago Health Systems	404748		(\$109.72)	\$0.00
06/30/2007	Payment from Chicago Health Systems	404748		(\$88.28)	\$0.00
Balance:				\$0.00	\$0.00
Ms Irma Pita(7938)/Francisco J Espinosa MD/029525					
Degeneration of lumbar or lumbosacral intervertebral disc (722.52)					
05/22/2007	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility (97110)	\$80.00	2.0	\$160.00	\$0.00
05/22/2007	Application of a modality to one or more areas; hot or cold packs (97010)	\$38.00	1.0	\$38.00	\$0.00
06/30/2007	MHP W/OFF Adjustment from Chicago Health Systems	404748		(\$109.72)	\$0.00
06/30/2007	Payment from Chicago Health Systems	404748		(\$88.28)	\$0.00
Balance:				\$0.00	\$0.00
Ms Irma Pita(7938)/Andrew S Zelby MD/029825					

12,814.00

Deposit	0-30	31-60	61-90	91-120	Over 120	Total Balance	Ins. Balance	Pat. Balance
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,590.00	\$5,590.00	\$0.00

05/24/2007	Degeneration of lumbar or lumbosacral intervertebral disc (722.52)				
05/24/2007	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility (97110)	\$80.00	3.0	\$240.00	\$0.00
05/24/2007	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes (97140)	\$72.00	1.0	\$72.00	\$0.00
06/30/2007	Application of a modality to one or more areas; hot or cold packs (97010)	\$38.00	1.0	\$38.00	\$0.00
06/30/2007	MHP W/OFF Adjustment from Chicago Health Systems	404911		(\$200.28)	\$0.00
06/30/2007	Payment from Chicago Health Systems	404911		(\$149.72)	\$0.00
Balance:				\$0.00	\$0.00

Ms Irma Pita(7938)/Francisco J Espinosa MD/029697

05/25/2007	Degeneration of lumbar or lumbosacral intervertebral disc (722.52)				
05/25/2007	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility (97110)	\$80.00	2.0	\$160.00	\$0.00
05/25/2007	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes (97140)	\$72.00	1.0	\$72.00	\$0.00
06/30/2007	MHP W/OFF Adjustment from Chicago Health Systems	404911		(\$138.77)	\$0.00
06/30/2007	Payment from Chicago Health Systems	404911		(\$93.23)	\$0.00
Balance:				\$0.00	\$0.00

Ms Irma Pita(7938)/Sean A Salehi MD/029742

05/29/2007	Degeneration of lumbar or lumbosacral intervertebral disc (722.52)				
05/29/2007	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility (97110)	\$80.00	3.0	\$240.00	\$0.00
05/29/2007	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes (97140)	\$72.00	1.0	\$72.00	\$0.00
05/29/2007	Application of a modality to one or more areas; hot or cold packs (97010)	\$38.00	2.0	\$76.00	\$0.00
07/18/2007	MHP W/OFF Adjustment from Chicago Health Systems	405021		(\$213.58)	\$0.00
07/18/2007	Payment from Chicago Health Systems	405021		(\$174.42)	\$0.00
Balance:				\$0.00	\$0.00

Ms Irma Pita(7938)/Francisco J Espinosa MD/029817

05/31/2007	Degeneration of lumbar or lumbosacral intervertebral disc (722.52)				
05/31/2007	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility (97110)	\$80.00	3.0	\$240.00	\$0.00
05/31/2007	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes (97140)	\$72.00	1.0	\$72.00	\$0.00
05/31/2007	Application of a modality to one or more areas; hot or cold packs (97010)	\$38.00	1.0	\$38.00	\$0.00
07/26/2007	MHP W/OFF Adjustment from Chicago Health Systems	405191		(\$200.28)	\$0.00
07/26/2007	Payment from Chicago Health Systems	405191		(\$149.72)	\$0.00
Balance:				\$0.00	\$0.00

Ms Irma Pita(7938)/Andrew S Zelby MD/029845

06/01/2007	Degeneration of lumbar or lumbosacral intervertebral disc (722.52)				
06/01/2007	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility (97110)	\$80.00	1.0	\$80.00	\$0.00
06/01/2007	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes (97140)	\$72.00	1.0	\$72.00	\$0.00
06/01/2007	Application of a modality to one or more areas; hot or cold packs (97010)	\$38.00	2.0	\$76.00	\$0.00
07/26/2007	MHP W/OFF Adjustment from Chicago Health Systems	405191		(\$117.16)	\$0.00
07/26/2007	Payment from Chicago Health Systems	405191		(\$110.84)	\$0.00
Balance:				\$0.00	\$0.00

Ms Irma Pita(7938)/Sean A Salehi MD/030058

08/05/2007	Degeneration of lumbar or lumbosacral intervertebral disc (722.52)				
08/05/2007	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility (97110)	\$80.00	3.0	\$240.00	\$0.00
08/05/2007	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes (97140)	\$72.00	1.0	\$72.00	\$0.00
08/05/2007	Application of a modality to one or more areas; hot or cold packs (97010)	\$38.00	2.0	\$76.00	\$0.00
07/26/2007	MHP W/OFF Adjustment from Chicago Health Systems	405346		(\$213.58)	\$0.00
07/26/2007	Payment from Chicago Health Systems	405346		(\$174.42)	\$0.00

1,926.00

Deposit	0-30	31-60	61-90	91-120	Over 120	Total Balance	Ins. Balance	Pat. Balance
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,590.00	\$5,590.00	\$0.00

Balance:

Ms Irma Pita(7938)/Francisco J Espinosa MD/030148

				\$0.00	\$0.00
06/07/2007	Degeneration of lumbar or lumbosacral intervertebral disc (722.52)				
	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility (97110)	\$80.00	3.0	\$240.00	\$0.00
06/07/2007	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes (97140)	\$72.00	1.0	\$72.00	\$0.00
06/07/2007	Application of a modality to one or more areas; hot or cold packs (97010)	\$38.00	1.0	\$38.00	\$0.00
07/28/2007	MHP W/OFF Adjustment from Chicago Health Systems	405346		(\$200.28)	\$0.00
07/28/2007	Payment from Chicago Health Systems	405346		(\$149.72)	\$0.00

Balance:

Ms Irma Pita(7938)/Andrew S Zelby MD/030259

				\$0.00	\$0.00
06/08/2007	Degeneration of lumbar or lumbosacral intervertebral disc (722.52)				
	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility (97110)	\$80.00	3.0	\$240.00	\$0.00
06/08/2007	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes (97140)	\$72.00	1.0	\$72.00	\$0.00
06/08/2007	Application of a modality to one or more areas; hot or cold packs (97010)	\$38.00	1.0	\$38.00	\$0.00
07/26/2007	MHP W/OFF Adjustment from Chicago Health Systems	405481		(\$200.28)	\$0.00
07/26/2007	Payment from Chicago Health Systems	405481		(\$149.72)	\$0.00

Balance:

Ms Irma Pita(7938)/Francisco J Espinosa MD/030411

				\$0.00	\$0.00
06/14/2007	Degeneration of lumbar or lumbosacral intervertebral disc (722.52)				
	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility (97110)	\$80.00	2.0	\$160.00	\$0.00
06/14/2007	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes (97140)	\$72.00	1.0	\$72.00	\$0.00
06/14/2007	Application of a modality to one or more areas; hot or cold packs (97010)	\$38.00	1.0	\$38.00	\$0.00
07/31/2007	MHP W/OFF Adjustment from Chicago Health Systems	405661		(\$152.07)	\$0.00
07/31/2007	Payment from Chicago Health Systems	405661		(\$117.93)	\$0.00

Balance:

Ms Irma Pita(7938)/Francisco J Espinosa MD/030577

				\$0.00	\$0.00
06/18/2007	Degeneration of lumbar or lumbosacral intervertebral disc (722.52)				
	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility (97110)	\$80.00	3.0	\$240.00	\$0.00
06/18/2007	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes (97140)	\$72.00	1.0	\$72.00	\$0.00
06/18/2007	Application of a modality to one or more areas; hot or cold packs (97010)	\$38.00	1.0	\$38.00	\$0.00
07/26/2007	MHP W/OFF Adjustment from Chicago Health Systems	405792		(\$200.28)	\$0.00
07/26/2007	Payment from Chicago Health Systems	405792		(\$149.72)	\$0.00

Balance:

Ms Irma Pita(7938)/Francisco J Espinosa MD/030774

				\$0.00	\$0.00
06/21/2007	Degeneration of lumbar or lumbosacral intervertebral disc (722.52)				
	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility (97110)	\$80.00	3.0	\$240.00	\$0.00
06/21/2007	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes (97140)	\$72.00	1.0	\$72.00	\$0.00
06/21/2007	Application of a modality to one or more areas; hot or cold packs (97010)	\$38.00	1.0	\$38.00	\$0.00
				\$350.00	\$0.00

Ms Irma Pita(7938)/Andrew S Zelby MD/030968

				\$350.00	\$0.00
06/26/2007	Degeneration of lumbar or lumbosacral intervertebral disc (722.52)				
	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility (97110)	\$80.00	3.0	\$240.00	\$0.00
06/26/2007	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes (97140)	\$72.00	1.0	\$72.00	\$0.00
06/26/2007	Application of a modality to one or more areas; hot or cold packs (97010)	\$38.00	1.0	\$38.00	\$0.00
				\$350.00	\$0.00

2,020.00

Deposit	0-30	31-60	61-90	91-120	Over 120	Total Balance	Ins. Balance	Pat. Balance
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,590.00	\$5,590.00	\$0.00

Ms Irma Pita(7938)/Francisco J Espinosa MD/031078

06/28/2007	Degeneration of lumbar or lumbosacral intervertebral disc (722.52)				
	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility (97110)	\$80.00	3.0	\$240.00	\$0.00
06/28/2007	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes (97140)	\$72.00	1.0	\$72.00	\$0.00
06/28/2007	Application of a modality to one or more areas; hot or cold packs (97010)	\$38.00	1.0	\$38.00	\$0.00
Balance:				\$350.00	\$0.00

Ms Irma Pita(7938)/Andrew S Zelby MD/031125

08/29/2007	Degeneration of lumbar or lumbosacral intervertebral disc (722.52)				
	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility (97110)	\$80.00	3.0	\$240.00	\$0.00
06/29/2007	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes (97140)	\$72.00	1.0	\$72.00	\$0.00
06/29/2007	Application of a modality to one or more areas; hot or cold packs (97010)	\$38.00	1.0	\$38.00	\$0.00
Balance:				\$350.00	\$0.00

Ms Irma Pita(7938)/Sean A Salehi MD/031285

07/03/2007	Degeneration of lumbar or lumbosacral intervertebral disc (722.52)				
	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility (97110)	\$80.00	3.0	\$240.00	\$0.00
07/03/2007	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes (97140)	\$72.00	1.0	\$72.00	\$0.00
07/03/2007	Application of a modality to one or more areas; hot or cold packs (97010)	\$38.00	1.0	\$38.00	\$0.00
Balance:				\$350.00	\$0.00

Ms Irma Pita(7938)/Andrew S Zelby MD/031319

07/05/2007	Degeneration of lumbar or lumbosacral intervertebral disc (722.52)				
	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility (97110)	\$80.00	3.0	\$240.00	\$0.00
07/05/2007	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes (97140)	\$72.00	1.0	\$72.00	\$0.00
07/05/2007	Application of a modality to one or more areas; hot or cold packs (97010)	\$38.00	1.0	\$38.00	\$0.00
Balance:				\$350.00	\$0.00

Ms Irma Pita(7938)/Andrew S Zelby MD/031440

07/10/2007	Degeneration of lumbar or lumbosacral intervertebral disc (722.52)				
	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility (97110)	\$80.00	3.0	\$240.00	\$0.00
07/10/2007	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes (97140)	\$72.00	1.0	\$72.00	\$0.00
07/10/2007	Application of a modality to one or more areas; hot or cold packs (97010)	\$38.00	1.0	\$38.00	\$0.00
Balance:				\$350.00	\$0.00

Ms Irma Pita(7938)/Sean A Salehi MD/031631

07/12/2007	Degeneration of lumbar or lumbosacral intervertebral disc (722.52)				
	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility (97110)	\$80.00	3.0	\$240.00	\$0.00
07/12/2007	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes (97140)	\$72.00	1.0	\$72.00	\$0.00
07/12/2007	Application of a modality to one or more areas; hot or cold packs (97010)	\$38.00	1.0	\$38.00	\$0.00
Balance:				\$350.00	\$0.00

Ms Irma Pita(7938)/Andrew S Zelby MD/031580

07/13/2007	Degeneration of lumbar or lumbosacral intervertebral disc (722.52)				
	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility (97110)	\$80.00	3.0	\$240.00	\$0.00
07/13/2007	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes (97140)	\$72.00	1.0	\$72.00	\$0.00
07/13/2007	Application of a modality to one or more areas; hot or cold packs (97010)	\$38.00	1.0	\$38.00	\$0.00
Balance:				\$350.00	\$0.00

Ms Irma Pita(7938)/Francisco J Espinosa MD/031675

07/17/2007	Degeneration of lumbar or lumbosacral intervertebral disc (722.52)				
	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility (97110)	\$80.00	2.0	\$160.00	\$0.00

2,610.00

Deposit	0-30	31-60	61-90	91-120	Over 120	Total Balance	Ins. Balance	Pat. Balance
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,590.00	\$5,590.00	\$0.00

FROM : NEUROLOGICAL SURGERY

FAX NO. : 708 343 9233

Aug. 13 2007 10:46AM P7

07/17/2007	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes (97140)	\$72.00	1.0	\$72.00	\$0.00
07/17/2007	Application of a modality to one or more areas; hot or cold packs (97010)	\$38.00	1.0	\$38.00	\$0.00
Balance:				\$270.00	\$0.00
Ms Irma Pita(7938)/Sean A Salehi MD/031698					
Degeneration of lumbar or lumbosacral intervertebral disc (722.52)					
Cervical spondylosis without myelopathy (721.0)					
07/12/2007	Postoperative follow-up visit, included in global service (99024)	\$0.00	1.0	\$0.00	\$0.00
Balance:				\$0.00	\$0.00
Ms Irma Pita(7938)/Sean A Salehi MD/031793					
Degeneration of lumbar or lumbosacral intervertebral disc (722.52)					
07/18/2007	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility (97110)	\$80.00	3.0	\$240.00	\$0.00
07/18/2007	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes (97140)	\$72.00	1.0	\$72.00	\$0.00
07/18/2007	Application of a modality to one or more areas; hot or cold packs (97010)	\$38.00	1.0	\$38.00	\$0.00
Balance:				\$350.00	\$0.00
Ms Irma Pita(7938)/Francisco J Espinosa MD/031988					
Degeneration of lumbar or lumbosacral intervertebral disc (722.52)					
07/24/2007	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility (97110)	\$80.00	1.0	\$80.00	\$0.00
07/24/2007	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes (97140)	\$72.00	2.0	\$144.00	\$0.00
07/24/2007	Application of a modality to one or more areas; hot or cold packs (97010)	\$38.00	1.0	\$38.00	\$0.00
Balance:				\$262.00	\$0.00
Ms Irma Pita(7938)/Francisco J Espinosa MD/032046					
Degeneration of lumbar or lumbosacral intervertebral disc (722.52)					
07/26/2007	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility (97110)	\$80.00	3.0	\$240.00	\$0.00
07/26/2007	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes (97140)	\$72.00	2.0	\$144.00	\$0.00
07/26/2007	Application of a modality to one or more areas; hot or cold packs (97010)	\$38.00	1.0	\$38.00	\$0.00
Balance:				\$422.00	\$0.00
Ms Irma Pita(7938)/Andrew S Zelby MD/032130					
Degeneration of lumbar or lumbosacral intervertebral disc (722.52)					
07/27/2007	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility (97110)	\$80.00	3.0	\$240.00	\$0.00
07/27/2007	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes (97140)	\$72.00	2.0	\$144.00	\$0.00
07/27/2007	Application of a modality to one or more areas; hot or cold packs (97010)	\$38.00	1.0	\$38.00	\$0.00
Balance:				\$422.00	\$0.00
Ms Irma Pita(7938)/Andrew S Zelby MD/032286					
Degeneration of lumbar or lumbosacral intervertebral disc (722.52)					
07/31/2007	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility (97110)	\$80.00	1.0	\$80.00	\$0.00
07/31/2007	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes (97140)	\$72.00	1.0	\$72.00	\$0.00
07/31/2007	Application of a modality to one or more areas; hot or cold packs (97010)	\$38.00	1.0	\$38.00	\$0.00
Balance:				\$190.00	\$0.00
Ms Irma Pita(7938)/Francisco J Espinosa MD/032388					
Degeneration of lumbar or lumbosacral intervertebral disc (722.52)					
08/02/2007	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes (97140)	\$72.00	2.0	\$144.00	\$0.00
08/02/2007	Application of a modality to one or more areas; hot or cold packs (97010)	\$38.00	1.0	\$38.00	\$0.00
Balance:				\$182.00	\$0.00
Ms Irma Pita(7938)/Andrew S Zelby MD/032403					
Degeneration of lumbar or lumbosacral intervertebral disc (722.52)					
08/03/2007	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility (97110)	\$80.00	2.0	\$160.00	\$0.00

2,078.00

Deposit	0-30	31-60	61-90	91-120	Over 120	Total Balance	Ins. Balance	Pat. Balance
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,590.00	\$5,590.00	\$0.00

FROM : NEUROLOGICAL SURGERY
 08/03/2007 Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes (97140)
 08/03/2007 Application of a modality to one or more areas; hot or cold packs (97010)

FAX NO. : 708 343 9235

Aug. 13 2007 10:47AM PB

\$72.00	2.0	\$144.00	\$0.00
\$38.00	1.0	\$38.00	\$0.00
		\$342.00	\$0.00

Balance:

182.00

Total #113,687.00

Deposit	0-30	31-60	61-90	91-120	Over 120	Total Balance	Ins. Balance	Pat. Balance
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,590.00	\$5,590.00	\$0.00

Loyola University Medical Center2160 South First Avenue
Maywood, IL 60153
Hospital and Clinic BillIRMA PITA
2250 S 17TH AVE
RIVERSIDE IL 60546-10471V06069
J10**Account Summary**

Patient Name	IRMA PITA
Statement Date	06/26/06
Service Date(s)	06/21/06
Type of Service	Emergency Med
Account Number	175852010107
Total Charges	\$ 1,193.89
Insurance Balance Pending	\$ 1,193.89
Total Payments/Adjustments	\$ 0.00
Patient Balance	\$ 0.00

Important Message

Thank you for choosing Loyola University Medical Center as your healthcare provider. This statement summarizes the services provided. Our records indicate you have HMO IL as your insurance coverage. Please call the number listed below if this is not correct. Payment of any listed patient balance is due within 30 days. The payment options are listed on the back of this statement.

New Online Bill

Loyola now offers the ability to view your accounts online through myLoyola, its custom tailored website. Simply log onto myLoyola.luh.org and register. Within days we will mail your authorization code to view and pay your bills.

Patient Services Provided

DESCRIPTION	AMOUNT
Diagnostic Rad	\$ 374.82
Emergency Med	\$ 792.27
Materials Mgmt	\$ 19.30
Oral Medication	\$ 7.50

TOTAL CHARGES \$ 1,193.89**Insurance Information**

Please verify that information is correct.

Insurance Name	Policy/Group No.
HMO IL	XOH845734753/B15784

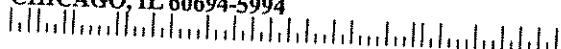
Please Note: Your physicians will bill you separately for their professional services.

Questions about your bill? Call Patient Billing Service at 1-800-424-4840 Monday through Friday 8:30 am to 5:00 pm.

INFORMATION UPDATEAccount Number: 175852010107
Statement Date: 06/26/06

Complete the reverse side of this form only if your Address or Insurance Information has changed.

LOYOLA UNIVERSITY MEDICAL CENTER
P.O. BOX 95994
CHICAGO, IL 60694-5994



Patient Ledger

ORTHOPAEDIC ASSOC OF RIVERSIDE
Orthopaedic Associates of Riverside, LLC
Thursday, August 02, 2007, 01:58 PM

Irma Pita (PITA0000)

Responsible: Self Home: (708) 620-0670 Work: (708) 343-0448

Primary: MacNeal Health Providers - CHS (CHICA0002) Phone: (708) 783-7100 Group Number: B15784 ID: XOH845734753

Billing	Date	Provider	TX Code	Patient Billed	Primary Billed	Secondary Billed	Tertiary Billed	Patient	Insurance	Balance
48894	01/03/2007	HO0000	99243		01/05/2007			0 00	256 00	256 00
48894	02/13/2007	HO0000	PIP					0 00	-128 86	127 14
48894	02/13/2007	HO0000	IA					0 00	-107 14	20 00
48894	01/03/2007	HO0000	73030		01/05/2007			0 00	183 00	203 00
48894	02/13/2007	HO0000	PIP					0 00	-41 15	161 85
48894	02/13/2007	HO0000	IA					0 00	-141 85	20 00
48894	01/03/2007	HO0000	PPCA					-20 00	0 00	0 00
48894	01/04/2007		Patient co-pay					20 00	-20 00	0 00
Billing Total								0 00	0 00	0 00
49408	01/10/2007	HO0000	99213		01/12/2007			0 00	103 00	103 00
49408	01/24/2007	HO0000	PIP					0 00	-43 34	59 66
49408	01/24/2007	HO0000	IA					0 00	-39 66	20 00
49408	01/10/2007	HO0000	PPCA					-20 00	0 00	0 00
49408	01/11/2007		Patient co-pay					20 00	-20 00	0 00
Billing Total								0 00	0 00	0 00
474591	02/06/2007	HO0000	29826		02/12/2007 02/27/2007			0 00	5014 00	5014 00
474591	03/21/2007	HO0000	IA					0 00	-4752 97	261 03
474591	03/21/2007	HO0000	PIP					0 00	-261 03	0 00
474591	02/06/2007	HO0000	29807		02/12/2007 02/27/2007			0 00	4828 00	4828 00
474591	03/21/2007	HO0000	IA					0 00	-3530 07	1297 93
474591	03/21/2007	HO0000	PIP					0 00	-1297 93	0 00
Billing Total								0 00	0 00	0 00
474592	02/06/2007	HO0000	29826		02/12/2007 02/27/2007			0 00	5014 00	5014 00
474592	03/21/2007	HO0000	PIP					0 00	-116 79	4897 21
474592	03/21/2007	HO0000	IA					0 00	-4897 21	0 00
474592	02/06/2007	HO0000	29807		02/12/2007 02/27/2007			0 00	4828 00	4828 00
474592	03/21/2007	HO0000	PIP					0 00	0 00	4828 00
474592	03/21/2007	HO0000	IA					0 00	-4828 00	0 00
Billing Total								0 00	0 00	0 00
475109	02/19/2007	HO0000	99024					20 00	0 00	20 00
475109	02/19/2007	HO0000	PPCA					-20 00	0 00	0 00
Billing Total								0 00	0 00	0 00
477434	03/28/2007	HO0000	99024					20 00	0 00	20 00
477434	03/28/2007	HO0000	PPCA					-20 00	0 00	0 00
Billing Total								0 00	0 00	0 00
479803	05/09/2007	HO0000	99024					20 00	0 00	20 00
479803	05/09/2007	HO0000	PPCA					-20 00	0 00	0 00
Billing Total								0 00	0 00	0 00
482779	06/27/2007	HO0000	99213		07/03/2007			0 00	103 00	103 00
482779	06/27/2007	HO0000	PPCA					-20 00	0 00	83 00
482779	06/28/2007		Patient co-pay					20 00	-20 00	83 00
Billing Total								0 00	83 00	83 00
Patient Total								0 00	83 00	83 00

Provider Totals
Erling Ho, MD

0 00 83 00 83 00

Report Totals

0 00 83 00 83 00

Date: 07-02-07
Time: 10:14:20

NEUROLOGIC CARE ASSOCIATES, PC

Page: 1

Patient History

Chart #26628
PITA, IRMA
2250 S 17TH AVE

SSN# 330920635
DOB 05-05-65

NEUROLOGIC CARE ASSOCIATES, PC
P.O. BOX 36174

From
RIVERSIDE, IL 60546
Home-(708)620-0670 Office-(708)

To

CHICAGO, IL 60694-6174
(815)929-9395

T	Date	Code	Diagnosis	Prov	Amount	R IB	Paid	Balance/ Carr	Susp. Amt
CA	05-23-07	ADJ BLU HM		10	-58.01N		0.00	0.00	
P	05-23-07	PMT MHP		10	-82.99N		0.00	0.00	5
CA	05-07-07	ADJ BLU HM		01	-1120.10N		0.00	0.00	
P	05-07-07	PMT MHP		01	-744.90N		0.00	0.00	5
CA	05-07-07	ADJ BLU HM		10	-58.01N		0.00	0.00	
P	05-07-07	PMT MHP		10	-82.99N		0.00	0.00	5
P	04-09-07	COPAY		10	-20.00N		0.00	0.00	PATNT
C	04-09-07	99214	307.81	10	161.00N NY		161.00	0.00	
C	03-30-07	95904	729.5	01	775.00N NY		775.00	0.00	
C	03-30-07	95900	729.5	01	155.00N NY		155.00	0.00	
C	03-30-07	95903	729.5	01	525.00N NY		525.00	0.00	
C	03-30-07	95861	729.5	01	410.00N NY		410.00	0.00	
P	03-26-07	COPAY		10	-20.00N		0.00	0.00	PATNT
C	03-26-07	99214	307.81	10	161.00N NY		161.00	0.00	
CA	01-08-07	ADJ BLU HM		10	-139.89N		0.00	0.00	
P	01-08-07	PMT MHP		10	-179.11N		0.00	0.00	5
P	11-28-06	COPAY		10	-20.00N		0.00	0.00	PATNT
C	11-28-06	99244	307.81	10	339.00N NY		339.00	0.00	

	Charges	Receipts	Debits	Credits	Balance
Patient:	60.00	-60.00	0.00	0.00	0.00
Insurance:	2466.00	-1089.99	0.00	-1376.01	0.00
<hr/>					
TOTALS:	2526.00	-1149.99	0.00	-1376.01	0.00

7087880501
716-564-1243

PITA, IRMA
318121



BERWYN MRI
INSIGHT HEALTH GROUP

PAGE
PAGE
Patient Bill

IRMA PITA
2250 S. 17TH AVE.
NORTH RIVERSIDE, IL 60546

Itemized Statement

Account Information

Service Location: BERWYN MAGNETIC RESONANCE CENTER
3345 SOUTH OAK PARK AVENUE BERWYN IL 60402
Billing Location: PO BOX 404166 ATLANTA GA 303844166
Phone: (866) 674-9985

Service #1	Activity Date	CPT Code	Service Date	Service Description	Activity	Amount
	8/22/2001	72148	08/18/01	MRI, LUMBAR SPINE WITHOUT CONTRAST	CHARGE	\$450.00
	12/3/2001	72148		MRI, LUMBAR SPINE WITHOUT CONTRAST	PAYMENT	(\$450.00)
					(MacNeal Chicago Health)	
Service #2	Activity Date	CPT Code	Service Date	Service Description	Activity	Amount
	7/25/2006	73221 RT	07/24/06	MRI, UPPER EXTREMITY, JOINT WITHOUT CONTRAST MATERIAL	CHARGE	\$400.00
	8/29/2006	73221 RT		MRI, UPPER EXTREMITY, JOINT WITHOUT CONTRAST MATERIAL	PAYMENT	(\$400.00)
					(MacNeal Chicago Health)	
Service #3	Activity Date	CPT Code	Service Date	Service Description	Activity	Amount
	7/25/2006	72148	07/24/06	MRI, LUMBAR SPINE WITHOUT CONTRAST	CHARGE	\$400.00
	8/29/2006	72148		MRI, LUMBAR SPINE WITHOUT CONTRAST	PAYMENT	(\$400.00)
					(MacNeal Chicago Health)	
Service #4	Activity Date	CPT Code	Service Date	Service Description	Activity	Amount
	7/25/2006	72141	07/24/06	MRI CERVICAL SPINE WITHOUT CONTRAST	CHARGE	\$400.00
	8/29/2006	72141		MRI CERVICAL SPINE WITHOUT CONTRAST	PAYMENT	(\$400.00)
					(MacNeal Chicago Health)	
Service #5	Activity Date	CPT Code	Service Date	Service Description	Activity	Amount
	7/25/2007	73221 RT	01/06/07	MRI, UPPER EXTREMITY, JOINT WITHOUT CONTRAST MATERIAL	CHARGE	\$400.00
	8/29/2007	73221 RT		MRI, UPPER EXTREMITY, JOINT WITHOUT CONTRAST MATERIAL	PAYMENT	(\$400.00)
					(MacNeal Chicago Health)	

Monday, August 27, 2007
4:50:31AM

PITA, IRMA
318121

Patient Billing ID:

Service #6			Service Date: 01/12/07		
<u>Activity Date</u>	<u>CPT Code</u>	<u>Service Description</u>	<u>Activity</u>	<u>Amount</u>	
1/15/2007	72148	MRI, LUMBAR SPINE WITHOUT CONTRAST	CHARGE	\$400.00	
2/21/2007	72148	MRI, LUMBAR SPINE WITHOUT CONTRAST	PAYMENT	(\$400.00)	
			(MacNeal Chicago Health)		

Service #7			Service Date: 03/26/07		
<u>Activity Date</u>	<u>CPT Code</u>	<u>Service Description</u>	<u>Activity</u>	<u>Amount</u>	
3/28/2007	70553	MRI, BRAIN WITH AND WITHOUT CONTRAST	CHARGE	\$400.00	
5/14/2007	70553	MRI, BRAIN WITH AND WITHOUT CONTRAST	PAYMENT	(\$400.00)	
			(MacNeal Chicago Health)		

Balance \$0.00